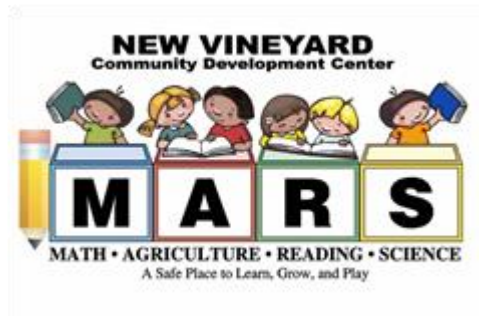


New Vineyard Summer Camp M.A.R.S. 2020



REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ Date of Birth _____

School: _____

Grade attended year 2019-2020: _____ T-Shirt Size _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

County: _____ Telephone: _____ cell: _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Persons authorized to pick up child:

Name Relationship

Name Relationship

Name Relationship

Emergency contact*: _____ Relationship: _____

Phone Number: _____

Specify any of your child's health problems or allergies: _____

Is your child on any medication? No Yes If so, please specify: _____

EMERGENCY MEDICAL RELEASE FORM

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem necessary.

Parent/Legal guardian name _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

PHOTO CONSENT FORM

____ I grant permission for my son/daughter to be photographed during the 2020 Summer Camp. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the New Vineyard Community Development Center program, including the church flyers and websites, bulletin boards and newsletter, news releases for community newspapers, and the Evangelist purposes, etc.

____ I don't grant permission for my son/daughter to be photographed during summer camp 2020.

LIABILITY RELEASE STATEMENT

Child's Name _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Church/New Vineyard Community Development Center and persons of any liability against personal losses of you/your child.

I / We give permission for my child to participate in all Summer Camp activities at New Vineyard Church/New Vineyard Community Development Center on May 26, 2020 through July 31, 2020.

By signing this application, I agree to pay the non-refundable \$35 registration fee and the \$65 weekly fee each Monday/ Tuesday.

Parent/Guardian Signature _____ Date _____

Administrative Use Only:

Date of Enrollment: _____ Date of Dismissal: _____

Amount of Deposit paid: \$ _____ First week payment \$ _____

Staff Initials _____